		174
	ARIZONA STATE BOARD OF HEALTH  State File No	
	BUREAU OF VITAL STATISTICS  Registered No. 209	
	1. PLACE OF BIRTH STANDARD CERTIF	PICATE OF BIRTH
	Sila	State COLLS
	County	or Village
1	District or Township	Ward.
	City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  [If child is not yet named, make]	
=	2. Full name of child Connett glager of supplemental report, as directed.	
	3. Sex of Child   To be answered ONLY   4. Twin triplet or other.	6. Legitimate? 7. Date /0-/8-1930
	male in event of plural births.  5. No., in order of birth	of birth Month Day Year
	8 C FATHER	14. MOTHER O D'AO
	Full name La . Ho Doil Jesler	Full maiden name Sessi Jeona Delling
	a our Albert	0.0 %
	9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
stated	If non-resident, give place and state.	If non-resident, give place and state.
		16. Color or race
order of birth	10. Color or race	17. Age at last birthday 35 (Years)
	11. Age at last birthday T (Years)	(Dr. AD
	12. Birthplace (city or place) Owensboro	18. Birthplace (city or place)
or o		(State or country)
	(State or country)	19. Occupation
	13. Occupation	Nature of industry Halescente
.	Nature of Industry	
	20. Number of children of this mother 3 (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum?	
	(b) Born alive t	out now dead
	II sortified and including this chie.	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE H: 00 Pl.m. on the date above stated.	
	I hereby certify that I attended the birth of this child, and the Borg slive or stillborn.)	
	* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	
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.,	shows other evidence of the after out.	
	Given name added from 2 19/08 00 0 Address a supplemental report North day year	Jave Jave
Month, day, year		19 1920 F. E. Weighton holy
1	1000-1	Registrar

Registrar